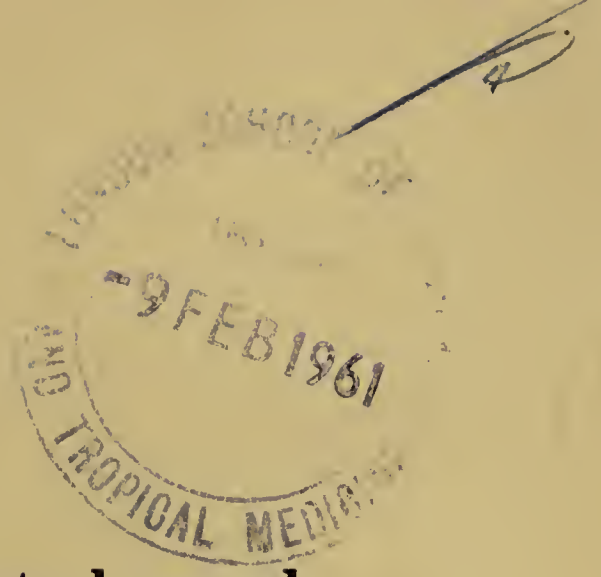


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County of the Soke of Peterborough

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# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1958

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G. NISBET, M.B., Ch.B.(Ed.), D.P.H., R.C.S.(Ed.)



County of the Soke of Peterborough

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# COUNTY OF THE SOKE OF PETERBOROUGH

## MEMBERS OF THE COUNTY HEALTH COMMITTEE

(As constituted 30th April, 1959)

---

COUNTY ALDERMAN DR. J. HUNT  
(Chairman of the County Council)

---

COUNTY ALDERMAN A. COLLINSON  
(Vice-Chairman of the County Council)  
(*ex-officio*)

---

*Chairman:—*  
COUNTY COUNCILLOR C. GREENWOOD

---

*Vice-Chairman:—*  
COUNTY ALDERMAN P. ADAMS

---

COUNTY ALDERMAN MRS. M. C. COOK  
COUNTY ALDERMAN MRS. A. PHILPOT  
COUNTY ALDERMAN W. YOUNG

---

*County Councillors:—*

G. W. S. BURDETT  
Mrs. M. L. FARRAR  
Mrs. E. H. FEAR  
S. G. GASCOINE

G. MATTHEWS  
Mrs. E. L. SAVAGE  
G. TAYLOR

---

*Co-opted Members:—*

r. J. N. COLLINS  
Miss M. E. PERCIVAL

Dr. R. M. E. SMITH  
J. N. STATON, L.D.S., R.C.S. (ENG.)

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## HEALTH DEPARTMENT STAFF—1958

### *County Medical Officer of Health:—*

GEORGE NISBET, M.B., Ch.B., (ED), D.P.H., R.C.S. (ED).

### *Deputy County Medical Officer of Health:—*

GERALD DISON, M.C., L.R.C.P., L.R.C.S., D.P.H. (resigned 14.1.58)

WILLIAM GIBB SMEATON, M.B., Ch.B., D.P.H. Barrister-at-law  
(as from 1.3.58)

### *Assistant Medical Officer of Health:—*

DIANA O. McKNIGHT, M.B., B.S., D.C.H., D.P.H.

Superintendent Nursing Officer	Miss I. Sylvester, S.R.N., S.C.M., H.V. CERT.
Health Visitors	Mrs. J. Bryson, S.R.N., B.T.A., H.V. CERT. Miss F. Coles, S.R.N., S.C.M., H.V. CERT. Miss M. Gerrard, S.R.N., H.V. CERT. Miss P. Goodman, S.R.N., S.C.M., H.V. CERT. Miss M. Julyan, S.R.N., S.R.C.N., H.V. CERT. Mrs. M. Parson, S.R.N., S.C.M., H.V. CERT.
Tuberculosis Health Visitor	Miss M. Topp, S.R.N. (resigned 31.3.58) Mrs. M. Gorton, S.R.N. (as from 27.5.58)
Home Help Organiser	Mrs. I. Winham
Assistant Home Help Organiser (part-time)	Mrs. M. Ambrose
Home Teacher for the Blind	Miss D. E. Elkington
Administrative Assistant	Mr. J. J. Dunford
Social Welfare Officer and Public Health Authorised Officer	Mr. G. Smith

## DISTRICT MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS

District	Medical Officer of Health	Public Health Inspector
City of Derborough	G. Dison, M.C., L.R.C.P., L.R.C.S., D.P.H. (resigned 14.1.58) W. G. Smeaton, M.B., Ch.B., D.P.H. Barrister-at-law (from 1.3.58)	J. Hall, M.S.I.A., CERT. R. SAN. I., A.M.I.SAN.E.
Derborough Rural District	W. Anley Hawes, M.B., D.P.H. (part-time) resigned 7.7.58	M. R. Gibbs, A.R., SAN. I. M.S.I.A.
Donk Rural District	Dr. George Nisbet, M.B., Ch.B.(ED.), D.P.H., R.C.S.(ED.) Temporary appointment pending appropriate qualification of Dr. Diana McKnight	D. W. Griffiths, M.S.I.A., A.R. SAN. I.

## COUNTY COUNCIL OF THE SOKE OF PETERBOROUGH

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To: The Chairman and Members of the County Council  
of the Soke of Peterborough.

Ladies and Gentlemen,

I have the honour to present my Annual Report on the Health Service for the year 1958, this being my eleventh such report.

The usual facts and statistics will be found in the body of the report. In this preface I give only the more essential statistics, with brief comments.

### Population

The Registrar-General estimates the mid-1958 population of the County as 68,500, which is an increase of 230 compared with mid-1957. During the last ten years the population of the County has increased approximately 5,000.

### Statistics

The following statistics show at a glance the Birth Rate, Death Rate, Infant Mortality Rate, etc., for 1958, compared with recent years.

	1958	1957	1956	1955
Birth Rate .....	18.9	18.1	17.6	16.4
Death Rate .....	10.9	10.2	11.0	11.7
Infant Mortality Rate .....	25.4	24.1	29.0	27.0
Maternal Death Rate .....	0.07	0.08	0.08	0.08
Tuberculosis Death Rate .....	0.07	0.02	0.07	0.07
Cancer Death Rate .....	2.04	1.9	1.8	1.8

### Comments

The death rate of 10.9 per 1,000 of the population, while not so low as in 1957, is nevertheless lower than that of the country as a whole, which was 11.7.

The number of deaths from cancer is the highest recorded — 17, giving a death rate of 2.04 per 1,000 of the population.

It is disturbing to note that 30 deaths are attributed to "Accidents", 14 of these being due to motor vehicle accidents, double the number in 1957.

The crude birth rate is 18.9, compared with 18.1 in 1957 and 16.4 in England and Wales. The 1958 birth rate is the highest in the County since 1947.

The infant mortality rate of 25.4 is 1.3 higher than in 1957, and 1.3 higher than that of the country as a whole.



## THE FIRST 10 YEARS OF THE NATIONAL HEALTH SERVICE

The Minister of Health in Circular 22/58 asked that in the Report for 1958 there shall be a brief general review of the manner in which, during the first ten years of the National Health Service, the local health authority services have functioned in the wider setting of the National Health Service generally.

While it is true that some initial difficulties were experienced in the Local Health Services (chiefly in regard to health visiting recruiting) these were not serious, and are referred to below.

The Hospital and Specialist Service also had initial difficulties and for some months I, as County Medical Officer, acted as Tuberculosis and Venereal Diseases Officer on behalf of the East Anglian Regional Hospital Board, and was also, for a time, in charge of the Peterborough Isolation Hospital.

However, during 1949 and 1950 these posts were filled by Officers appointed by the Hospital Board.

Although no members of the Health Department staff are on the local Executive Council, for some time the County Medical Officer has received copies of the Minutes of the Executive Council meetings, and also the minutes of the Hospital Management Committee meetings.

The County Medical Officer attends meetings of the local Medical Committee and the Control of Infectious Diseases Committee of the Local Hospital Management Committee.

### Health Visiting

When the Local Health Authority took over the health services in 1948 there was, in addition to the Superintendent Nursing Officer (just appointed by the County Council) one health visitor (by dispensation), one tuberculosis nurse (without H.V. certificate) and one clinic nurse. Virtually a new service starting from scratch. (Mrs. Howard had resigned, unfortunately).

The Local Health Authority agreed to an establishment of five health visitors (since increased to six) plus one tuberculosis health visitor, and this establishment has been maintained for some years without undue difficulties, chiefly owing to the fact that the Local Health Authority adopted a scheme for training student health visitors.

With the full establishment of health visiting staff it was possible to increase clinics and to establish new ones. Early in 1959 new up-to-date Infant Welfare Centre premises were opened at Dogsthorpe (combined with Occupation Centre).

In addition to welfare clinics, toddler clinics, mothercraft classes, and relaxation classes, mothers' clubs are also held at the main centres. Three prizes are competed for annually, one for home safety, one for knitting, and one (for fathers), for safety gadgets.

There is now a need for more clinic sessions, which cannot be fulfilled unless the health visiting establishment is increased further.

The transformation of the health visiting service in the last ten years is something of which this authority can be very proud.

### **Midwifery Service**

Prior to July 5th, 1948, the County Council was (and still is) the Local Supervising Authority for midwives, and with the inception of the N.H.S. the six whole-time midwives employed by the County Council were incorporated in the service.

The present establishment is seven whole-time midwives, all of whom have cars and are thus able to cover the whole county adequately. Each is provided with a gas and air analgesia apparatus, and arrangements are made for them to attend a refresher course every five years.

In 1949 the domiciliary midwives attended 305 cases (32%); in 1958 they attended 483 (36% of total births) (averaging 69 cases per annum each).

During the period under review there have been occasional problems owing to difficulties in keeping up staff establishment, and to obviate this the Local Health Authority, a year or two ago, rented and furnished a home for two midwives.

On the whole the service has run smoothly and efficiently.

### **Domestic Help Service**

Before the inception of the National Health Service the Peterborough City Council maintained a home help service under a part-time supervisor.

When the service was transferred to the Local Health Authority on July 5th 1948, four part-time home helps were employed, the workers being paid at the rate of 1/6d. per hour.

During the last ten years the service has increased greatly, and at the end of 1958 39 part-time home helps were employed, and a total of 50 cases were assisted in the year. One full-time and one part-time supervisor are employed. The workers are now paid 4/3 $\frac{3}{4}$ d. per hour and the maximum charge to the users is 3/6d.

### **Home Nursing**

Up to July 1948 home nursing was undertaken by the various district nursing associations in the rural areas (these associations being subsidised by the County Council), and by the Florence Saunders Nursing Association (a voluntary body) in the City of Peterborough.



As from the appointed day the Local Health Authority undertook responsibility for the home nursing service for the whole County (including the City).

The service has always run smoothly and has been able to cope with all demands made upon it.

In the rural areas three full-time district nurses are employed — each having a car. In the City six whole-time nurses are employed, two of whom have a car.

In 1958 795 cases were attended by the district nurses and 27,457 visits were made compared with 773 cases attended and 19,836 visits made in 1949.

### **Ambulance Service**

Prior to July 5th 1948 the City of Peterborough provided the ambulance service throughout the City and, by arrangement, with the Peterborough Rural District in that area also. In the Barnack Rural District the conveyance of non-infectious cases was carried out by the St. John Ambulance Brigade, Stamford.

When the ambulance service was taken over by the Local Health Authority the vehicles transferred consisted of three ambulances (one being a very old (1929) Morris) and two old sitting case cars. Two new 12 h.p. Austin saloon cars were delivered in November 1948, and two new Austin 'Welfarer' ambulances early in 1949. During a period of difficulty the Chairman of the County Council at that time (The Most Hon: The Marquess of Exeter) kindly loaned a Rolls Royce car free of charge, which was used as a sitting case car.

Twelve ambulance driver/attendants were employed, and early in 1950 this establishment was increased to 15.

Replacements of ambulances and sitting case cars have been made from time to time as necessary, and the service is supplemented by the Hospital Service organised by the W.V.S.

In 1949 9,883 patients were conveyed by the County Ambulance Service compared with 15,566 in 1958, the mileage covered being 147,488 miles in 1949 and 167,931 miles in 1958.

Radio-telephones were installed in the ambulances early in 1958.

### **Vaccination and Immunisation**

Vaccination against smallpox ceased to be compulsory in 1948, and thereafter the number vaccinated dropped considerably. Our percentage of infants vaccinated has generally been higher than the national average. In 1958 the percentage of primary vaccinations was 50%. The 1957 figure for England and Wales was 43 per cent.

Immunisation against diphtheria has continued. There has been a change in the method of calculating the immunisation state with the result that comparable figures for 1949 and 1958 are not available.

In the Soke of Peterborough the 1958 Immunisation Index for the 1—4 age group was 65%, and for the 5—14 age group 77.2%, the total immunisation index figure being 69.5%.

Vaccination and diphtheria immunisation are carried out by the patients' own doctors, the Local Health Authority paying them the usual fee of 4s. 6d. for each completed record card.

Vaccination against poliomyelitis was introduced in 1956. At first, children between the ages of six months and nine years were eligible. Later, the age was extended to 15, and still later, to 25. In 1958 the Ministry of Health gave sanction for third or 'booster' injections to be given to those who had received two injections seven months or more previously.

The total number of persons who had received **two** injections at 30.4% was 14,300, and the number who had received three injections at this date was 7,632.

Most of the general practitioners now vaccinate their own patients, the Local Health Authority paying fees for completed record cards. This was done at the express wish of the practitioners, and not because the medical staff of the County Health Department were not prepared or able to provide this service.

At the end of 1958 arrangements were made for the supply to general practitioners (free of charge) of triple antigen for immunisation against whooping cough, diphtheria, and tetanus, and early in 1959 for the free supply of tetanus vaccine alone.

## Mental Health Services

During the last ten years there has been a great change in the attitude towards mental health, which has culminated in the passing of the Mental Health Bill.

While the work of mental health welfare has increased there has, up to the present, been no increase in the staff of mental health officers, which remains the same as it was in 1949, viz, one Duly Authorised Officer (who is also Social Welfare Officer), and one Deputy Duly Authorised Officer (who is also Chief Clerk in the Public Health Dept.).

So far as this Local Health Authority is concerned the chief change in recent years is that, now, the majority of cases admitted to mental hospitals are admitted either voluntarily, or, on a three-day Order (Section 20), whereas it was formerly the custom for the majority to go as certified patients.

In 1958, out of 184 patients admitted to mental hospitals from the Soke of Peterborough, 119 went as voluntary patients, 56 on three day Orders (Section 20) and three on a 14 day Order (Section 21). Six patients only were certified in 1958.



There has been an increasing tendency for general practitioners and others to refer to the mental health service cases of socio-emotional disturbances not amounting to frank psychiatric illness, and I have reason to believe that the help and advice given by the officers of this Authority in this matter is much appreciated.

Arrangements were made some years ago for children and female adult mental defectives to attend part-time occupational classes, held on two afternoons a week at the Town Hall. In November 1957 the construction was commenced of a new full-time Occupation Centre (combined with a new Infant Welfare Clinic). This was opened early in 1959 and has accommodation for approximately 40 mental defectives (children and female adults).

The staff consists of a Supervisor, Deputy Supervisor, Assistant, and two student trainees. This Centre has fulfilled a long felt need and is greatly appreciated by parents of the mentally handicapped.

One of the great difficulties in the mental health service is the lack of residential institutional accommodation for low grade mental defectives. Provision of accommodation for these cases is the responsibility of the Regional Hospital Board, not the Local Health Authority.

## Summary of Work under the National Health Service Act

The following is a brief summary of the work of the County Health Department under the various sections of the National Health Service Act.

Fuller information will be found under the appropriate headings in the body of this Report.

## SECTION 22 — Care of Mothers and Young Children

### *Child Welfare Centres*

Number of Centres in County at 31.12.58 .....	10
Number of children under one year attending for the first time in 1958: .....	857
(66.1% live births)	

### *Attendances*

Children under one year .....	9,277
Children one to five years .....	2,804
	<hr/>
	12,081
	<hr/>

## SECTION 23 — Midwifery

### *Domiciliary Confinements*

Number of deliveries attended by County Council Midwives:

1954	—	397
1955	—	444
1956	—	434
1957	—	475
1958	—	483



## SECTION 24 — Health Visiting

*Details of visits*

Ante-natal	.....	.....	.....	.....	.....	.....	.....	.....	3
Infants under one year	.....	.....	.....	.....	.....	.....	.....	.....	2,9
Children one to two years	.....	.....	.....	.....	.....	.....	.....	.....	1,3
Children two to five years	.....	.....	.....	.....	.....	.....	.....	.....	3,0
Tuberculosis cases	.....	.....	.....	.....	.....	.....	.....	.....	9
Other visits	.....	.....	.....	.....	.....	.....	.....	.....	3,2
Total:									11,8

## SECTION 25 — Home Nursing

<i>Cases attended</i>	Medical	Surgical	Infectious	Tuber- culosis	Maternal and other	Total
	624	120	0	8	43	795
<i>Visits paid</i>	23,299	3,443	0	199	516	27,457

## SECTION 26 — Vaccination and Immunisation

Number of children immunised or vaccinated against:

Diphtheria	.....	.....	.....	.....	1,148
Poliomyelitis	.....	.....	.....	.....	8,679
Poliomyelitis ("Booster" doses)	.....	.....	.....	.....	1,369
Smallpox vaccination					
Primary	.....	.....	.....	.....	653
Re-vaccination	.....	.....	.....	.....	97
B.C.G. Vaccination against Tuberculosis:					
Children vaccinated ...	.....	.....	.....	.....	44

## SECTION 27 — Ambulance Service

Number of full-time Ambulance Driver/Attendants employed by County Council

Number of patients carried	.....	.....	.....	.....	1957 — 13,2
					1958 — 15,36
Number of miles travelled	.....	.....	.....	.....	1957 — 167,21
					1958 — 167,31

## SECTION 29 — Home Help Service

Number of cases attended by domestic helps during 1958:

<i>Type of Case.</i>	<i>Number.</i>	<i>Percentage of Total.</i>
Maternity	109	26%
Tuberculosis	5	1%
Chronic sickness	255	60%
Others	56	13%
Total	425	100%

staff

Dr. G. Dison, Deputy County Medical Officer, resigned early in 1958 to take up another appointment, and Dr. W. G. Smeaton was appointed in his place, taking up his duties on March 1st, 1958.

Miss Topp, the Tuberculosis Health Visitor resigned to take up another appointment on March 31st, and Mrs. M. Gorton was appointed in her place. She commenced duties on May 27th.

I continue to receive a great deal of help from various sources, both within and without the departments of the County Council.

I take this opportunity to express my thanks to all who have given me assistance during the year, especially the staff of the Health Department, both professional and lay, above all, from Mr. J. J. Dunford, my administrative officer.

Finally, I would like to tender thanks to the Chairman and members of the County Health Committee for their continued support and help.

I have the honour to be,

Your obedient Servant,

GEORGE NISBET,

*County Medical Officer.*

## SECTION 1

## STATISTICS AND SOCIAL CONDITIONS

## General Statistics

Area of Administrative County (in acres) .....	53,4
Population (Census 1951) .....	63,7
Population (Registrar-General's estimate mid-1958) .....	68,5
Rateable value (1st April, 1959) .....	£1,004,3
Estimated Product of a Penny Rate .....	£4,1

## Population by Districts

	Census 1951	Estimate mid-1958
City of Peterborough .....	53,412	55,7
Peterborough Rural District .....	7,273	7,7
Barnack Rural District .....	3,099	4,9
Administrative County .....	63,784	68,5

The estimated population for mid-1957 was 68,270. The Registrar-General estimates an increase of 20 in the City of Peterborough; an increase of 90 in the Peterborough Rural District, and an increase of 120 in the Barnack Rural District — a total of 230 in the County as a whole compared with mid-1957.

## EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1958

## Live Births

Males 626	Females 670	Total 1,296	
Live Birth Rate per 1,000 population .....			19
Birth Rate for England and Wales .....			14

## Stillbirths

Males 12	Females 9	Total 21	
Still-births rate per 1,000 live and still-births .....			19
Total live and still-births .....			1,7
Infant Deaths .....			3
Infant mortality rate per 1,000 live births; total .....			24
Infant mortality rate per 1,000 live births; legitimate .....			21
Infant mortality rate per 1,000 live births; illegitimate .....			10
Neo-natal mortality rate per 1,000 live births .....			20
Illegitimate live births per cent. of total live births .....			4
Maternal deaths (including abortion) .....			1
Maternal mortality rate per 1,000 live and still-births .....			0.



aths

	Males 401	Females 348	Total 749	
Death rate per 1,000 population .....	.....	.....	.....	10.9
Death rate for England and Wales .....	.....	.....	.....	11.7

### Chief Causes of Death, 1958

Vascular lesions .....	.....	.....	.....	.....	.....	.....	.....	146
Cancer .....	.....	.....	.....	.....	.....	.....	.....	141
Coronary disease, angina .....	.....	.....	.....	.....	.....	.....	.....	106
Other heart diseases .....	.....	.....	.....	.....	.....	.....	.....	86
Pneumonia .....	.....	.....	.....	.....	.....	.....	.....	35
Accidents .....	.....	.....	.....	.....	.....	.....	.....	30
Bronchitis .....	.....	.....	.....	.....	.....	.....	.....	24
Other circulatory diseases .....	.....	.....	.....	.....	.....	.....	.....	23

Deaths classified in age periods (Registrar-General's figures) are:

0 — 1 years .....	.....	.....	.....	.....	.....	.....	.....	33
1 — 5 „ .....	.....	.....	.....	.....	.....	.....	.....	1
5 — 15 „ .....	.....	.....	.....	.....	.....	.....	.....	1
15 — 25 „ .....	.....	.....	.....	.....	.....	.....	.....	13
25 — 45 „ .....	.....	.....	.....	.....	.....	.....	.....	35
45 — 65 „ .....	.....	.....	.....	.....	.....	.....	.....	167
65 — 75 „ .....	.....	.....	.....	.....	.....	.....	.....	200
75 „ and over .....	.....	.....	.....	.....	.....	.....	.....	299
Total								749

ths

The total number of live births in the County in 1958 was 1,296, compared with 1,241 in 1957; 1,171 in 1956; and 1,106 in 1955. The crude birth rate is 18.9 compared with 18.1 in 1957, and 16.4 for England and Wales. As usual our birth rate is higher than that for the country as a whole.

71 of the 1,296 children born in 1958 were illegitimate. The illegitimacy rate is 5.4 per 1,000 live births, compared with 4.6 last year and 5.9 in 1956.

The number of live births and birth rates in each area of the County are:—

Area.	Males.	Females.	Total.	Rate.
Peterborough City .....	522	557	1,079	19.3
Peterborough Rural District .....	71	68	139	18.0
Barnack Rural District .....	33	45	78	15.6
Administrative County .....	626	670	1,296	18.9

Since 1935 the birth rates in the Soke of Peterborough have varied between 16.4 and 20.2 (in 1944).

The birth rate in 1958 is the highest in the County since 1947.

## Stillbirths

The number of still-births in 1958 was 21 (19 in the City and 2 in Peterborough Rural District). The rate of 15.9 per 1,000 live and still-births compares with a rate of 21.6 for the country as a whole.

19 of the 21 still-births occurred in hospitals or maternity units attached to hospitals, and 2 occurred in domiciliary midwifery practice.

## Infant Mortality

The Registrar-General records 33 deaths among infants aged one year or under in the County of the Soke of Peterborough, 31 being assigned to the City of Peterborough, and one each to the Peterborough and Barnack Rural Districts.

18 of the 33 deaths occurred in males and 15 in females.

The numbers and rates in each district of the Administrative County of Peterborough for 1,000 births were as follows:—

City of Peterborough	.....	.....	31	Rate	28.7
Peterborough Rural District	.....	.....	1	„	7.2
Barnack Rural District	.....	.....	1	„	12.8
Administrative County	.....	.....	33	„	25.4

In England and Wales as a whole the infant mortality rate was 22.5 per 1,000 live births, and was the lowest ever recorded in this country, being 1.5 per 1,000 below that for 1956. In the Soke of Peterborough the infant mortality rate in 1958 was slightly higher than that for 1957, which was 24.1.

I append a Table showing the live birth rates and infant mortality rates in England and Wales for the years 1946-1958, and for comparison, similar rates for the Soke of Peterborough. It will be noted that in the last four years our infant mortality rate has been higher than that of the country as a whole, although over a period of 12 years it has been lower than the national figure.

Year.	ENGLAND AND WALES		SOKE OF PETERBOROUGH	
	<i>Live Births per</i> 1,000 <i>population.</i>	<i>Infant</i> <i>Mortality.</i>	<i>Live</i> <i>Births.</i>	<i>Infant</i> <i>Mortality.</i>
1946	19.2	43	19.5	33
1947	20.6	41	19.8	30
1948	17.9	34	17.2	38
1949	16.7	32	15.8	26
1950	15.8	29	14.9	20
1951	15.5	29	15.4	29
1952	15.3	27	15.3	20
1953	15.5	26	16.4	26
1954	15.2	25	15.8	22
1955	15.0	24	16.8	27
1956	15.7	23	17.6	29
1957	16.1	23	18.1	24
1958	16.4	22	18.9	25



The causes of death of the 33 infants (as recorded on the death certificates),  
are as follows:—

Prematurity	.....	.....	.....	.....	.....	10
Atelectasis	.....	.....	.....	.....	.....	5
Broncho-Pneumonia or Pneumonia	.....	.....	.....	.....	.....	6
Cardiac Failure	.....	.....	.....	.....	.....	3
Congenital heart disease	.....	.....	.....	.....	.....	2
Intracranial haemorrhage	.....	.....	.....	.....	.....	2
Tachycardia	.....	.....	.....	.....	.....	1
Staphylococcal Pneumonia	.....	.....	.....	.....	.....	1
Myelocoele	.....	.....	.....	.....	.....	1
Tetraology of fallot	.....	.....	.....	.....	.....	1
Haemolytic disease	.....	.....	.....	.....	.....	1

26 of the 33 infants died in hospitals or maternity units attached to hospitals, and six died at home.

## Deaths

There were 749 deaths in the County in 1958 (401 males and 348 females) giving a death rate of 10.9 per 1,000 of the population, compared with a rate of 10.2 in 1957; 11.0 in 1956, and 11.3 in 1955.

The death rate for England and Wales in 1958 was 11.7. As usual our death rate is lower than that of the country as a whole.

499 of the deaths occurred in persons of 65 years of age or over, or 66.6 per cent of the total deaths. 299 deaths occurred in persons of 75 years of age or over.

Since 1920 the death rates in the Soke of Peterborough have varied between 9.2 in 1957 to 13.4 (in 1933), but they have generally been below that of the national figure.

The following table shows the causes of death at different periods of life.

CAUSE OF DEATH	All Ages	0-1	1-5	5-15	15-25	25-45	45-65	65-75	Cen
Tuberculosis—Respiratory	5	—	—	—	—	1	2	2	
Tuberculosis—Other ...	2	—	—	—	—	1	1	—	
Syphilitic Disease ...	5	—	—	—	—	—	1	3	
Malignant neoplasm, stomach	16	—	—	—	—	—	—	2	
Malignant neoplasm, lung bronchus ...	34	—	—	—	—	3	20	6	
Malignant neoplasm, breast	22	—	—	—	—	1	14	5	
Malignant neoplasm, uterus	6	—	—	—	—	—	4	2	
Other malignant and lym- phatic neoplasms ...	63	—	—	—	2	2	21	20	
Diabetes ...	3	—	—	—	—	—	—	2	
Vascular lesions of nervous system ...	146	—	—	—	—	1	23	45	
Coronary disease, angina ...	106	—	—	—	—	4	31	35	
Hypertension with heart disease ...	11	—	—	—	—	—	3	7	
Other heart disease ...	86	—	—	—	—	2	3	25	
Other circulatory disease ...	23	—	—	—	—	1	1	8	
Influenza ...	3	—	—	—	—	—	2	1	
Pneumonia ...	35	6	—	—	2	4	4	13	
Bronchitis ...	24	—	—	—	1	1	5	9	
Other disease of respiratory system ...	2	—	—	1	—	—	—	1	
Ulcer of stomach and duo- denum ...	8	—	—	—	—	1	2	1	
Gastritis, enteritis and diarrhoea ...	6	—	—	—	1	2	—	2	
Nephritis and Nephrosis ...	11	—	—	—	—	2	3	3	
Hyperplasia of Prostate ...	7	—	—	—	—	—	—	—	
Pregnancy, childbirth, abor- tion ...	1	—	—	—	—	1	—	—	
Congenital Malformations	9	9	—	—	—	—	—	—	
Other defined and ill-defined diseases ...	77	18	—	—	1	2	8	5	
Motor Vehicle accidents ...	14	—	1	—	5	3	3	2	
All other accidents	16	—	—	—	1	1	2	2	
Suicide ...	8	—	—	—	—	2	4	1	
<b>TOTAL ...</b>	<b>749</b>	<b>33</b>	<b>1</b>	<b>1</b>	<b>13</b>	<b>35</b>	<b>167</b>	<b>200</b>	

### Cancer Deaths

There were 141 deaths from cancer in the Soke of Peterborough in the year 1958, giving a death rate of 2.04 per 1,000 of the population, compared with 1.9 in 1957 and 1.8 in 1956.

34 of the 141 deaths were due to malignant disease of the lung or bronchus, a death rate of 0.49 compared with a rate of 0.43 for England and Wales as a whole. 28 of the victims were males and six females.

During the last six years (1953-1958) there have been 753 deaths from cancer in the County, 146 of them being due to malignant disease of the lung or bronchus, or 19%.

There were 22 deaths in females from carcinoma of the breast in 1958, which is exactly double the number in 1957, and 16 deaths from malignant disease of the stomach, compared with 24 in 1957.

The Registrar-General's Return for 1958 shows that while the provisional death rate for all forms of cancer for men and women varies little from the previous year, the rate for men for deaths due to cancer of the lung and bronchus increased from 759 to 783 per million, and the rate for women increased from 116 per million in 1957 to 119 per million in 1958.

### General Remarks

Although the death rate (10.9) is not so low as it was in 1957 (10.2, the lowest recorded), it is well below the national figure of 11.7.

The number of deaths, and the death rate, from cancer is the highest ever recorded.

It is disturbing to note that as many as 30 deaths are due to 'Accidents,' 14 of these being due to motor vehicle accidents, twice the number in 1957. There was, unfortunately, one death attributable to pregnancy and childbirth. There were eight suicides compared with seven last year.

Five deaths from respiratory and two from other forms of tuberculosis are an increase on recent years, and five deaths assigned to syphilitic disease reminds one that in spite of modern methods of treatment for this disease, it still takes its toll.

It is satisfactory to record that there were no deaths from infectious diseases in 1958.



## SECTION II

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### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

#### Administration

The County Council, as a Local Health Authority, established a County Health Committee in accordance with the requirements of the National Health Service Act, 1946. The County Health Committee has, in turn, established the following Sub-Committees, which meet once monthly:

- (a) Ambulance Sub-Committee
- (b) Mental Health Sub-Committee
- (c) Maternity and Domiciliary Services Sub-Committee
- (d) Prevention of Illness and After-Care Sub-Committee

The County Council has not established a separate department for its functions as a Local Welfare Authority under the requirements of the National Assistance Act of 1948. A Sub-Committee (the Welfare Sub-Committee of the County Health Committee) meets monthly and the work is carried out within the duties of the County Health Department.

The majority of the members of each of the Sub-Committees are members of the Local Health Authority, but each Sub-Committee co-opts any local persons who have a special interest in the subjects dealt with by each individual Committee.

#### SECTION 22 — Care of Mothers and Young Children

Ante-natal clinics are held at 'The Gables' Maternity Hospital, Peterborough for patients who have booked for admission to Maternity Units of the Regional Hospital Board. Blood testing for Wassermann, Kahn, and rhesus factor is carried out as a matter of routine.

No doctors' ante-natal clinics are held under the auspices of the Local Health Authority. Under Local Executive Council arrangements, all women are attended ante-natally by their own doctor.

A Midwives' Ante-Natal Clinic is held at the Child Welfare Centre at the Town Hall on four afternoons a week for patients who have booked a domiciliary midwife for their confinement, and since the beginning of the year 1959 (when the new Infant Welfare Centre was opened at Dogsthorpe) midwives' ante-natal clinics have been held at the Dogsthorpe Centre.

Blood testing is not carried out at these clinics but the majority of general practitioners now make these tests, and arrangements have been made for me to receive the results of all blood tests, except those carried out by practitioners in Stamford, a sad flaw in the Domiciliary Midwifery Service. All cases have a general examination by their own doctor for fitness to receive gas and air analgesia.

During the year, 771 women attended these clinics (607 being new cases) and the total attendances were 2,085 compared with 1,722 made by 66 women in 1957.

Mothercraft classes are held weekly at the Child Welfare Centre, Town Hall, and are well attended.

Invitations to attend these classes are sent by post from my office to all expectant mothers, including those who have booked for admission to the Maternity Units.

During the year 1958, 259 mothers attended the Mothercraft Classes, compared with 227 in 1957.

Relaxation courses for expectant mothers are also held at the Town Hall Clinic, and during the year 1958, 207 mothers attended these courses.

### Child Welfare Centres

Ten child welfare centres were maintained by the Local Health Authority during the year, as follows:—

- (1) Town Hall, Peterborough — Tuesday mornings and afternoons.  
Wednesday afternoons.
- (2) Mountsteven Avenue, — Monday and Thursday afternoons.  
Walton, Peterborough
- (3) Dogsthorpe/Newark School — Monday and Thursday afternoons.  
(now Infant Welfare Centre,  
Lawn Avenue, Peterborough)
- (4) Barnack (Village Hall) — First Wednesday and Third Thursday  
afternoons each month.
- (5) Castor (Village Hall) — Second and Fourth Tuesday afternoons  
each month.
- (6) Eye (Kendall's Room) — First and Third Tuesday afternoons  
each month.
- (7) Glinton (Village College) — First Thursday and Third Wednesday  
afternoons each month.
- (8) Helpston (School Canteen) — Fourth Wednesday afternoon each  
month.
- (9) Newborough (Forrester's — Second and Fourth Tuesday afternoons  
Hall) each month.
- (10) Wittering (Sick Quarters — First and Third Wednesday afternoons  
R.A.F. Station) each month.

There are no voluntary child welfare centres in the County. Voluntary workers, however, assist at the Local Authority's Clinics, and their services are much appreciated. Some have been attending voluntarily for many years.



Toddlers' Clinics are now held twice monthly at the Town Hall, Dogsthorpe, and Walton, appointments being sent from my office. A medical member of my staff always attends these clinics.

I append a statistical record of the work performed at the child welfare clinics during the year 1958:—

Number of Centres provided at the end of the year .....	.....	
Number of Child Welfare Sessions held per month .....	.....	
Number of children who first attended during the year and who, at their first attendance, were under one year of age		8
Number of children who attended during the year and who were born in 1958 .....	.....	7
1957 .....	.....	6
1956-58 .....	.....	8
Total number of children who attended during year .....		2,21
Number of attendances during the year made by children who at the date of attendance were:—		
(a) under 1 year		9,27
(b) 1 but under 2		1,03
(c) 2 but under 5		1,1
Total attendances during year		12,1

The Mothers' Club, which meets on the first Wednesday evening each month at the Town Hall Child Welfare premises continues to be well attended, as is the Parents' Club associated with the Infant Welfare Centre at Walton.

These clubs are keenly interested in health education.

### Premature Births

Babies weighing  $5\frac{1}{2}$  lbs. or less at birth are classified as premature, and arrangements are made for this information to be supplied when the birth is notified.

A specially equipped premature baby cot is provided by the Local Health Authority. It is held at "The Gables" and is available to be taken from there to any address where it may be required.

114 premature live births were notified in the County during the year.

84 of these births occurred in hospitals, and 30 at home. In addition, 12 premature still-births were notified, 11 being born in hospital and one at home.

## Day Nursery

One Day Nursery is maintained by the Local Health Authority. It is situated in Granville Street, Peterborough, and has approved places for 45 children (15 aged 0—2 years, and 30 for children aged 2—5 years). The number of children on the register at the end of the year was 35, the average daily attendance during the year being 29.

## Unmarried Mothers and Care of Illegitimate Children

Arrangements for the care of unmarried mothers are made in liaison with Miss A. D. M. Fyfe, M.A., the Moral Welfare Worker (appointed and paid by the Peterborough Moral Welfare Association).

Applications were made during 1958 for the admission of 11 unmarried mothers to maternity homes at the expense of the Local Authority, compared with nine applications in 1957.

Where necessary, the Children's Officer (Miss Brock) and Miss Fyfe assist in securing the adoption of illegitimate children into suitable homes, although it is the policy, first, to endeavour to find foster parents, or, to admit the children to the Day Nursery in cases where the mother has to go out to work. Special visits are made by the health visitors to all unmarried mothers and their children.

In 1958, out of a total of 1,296 live births, 71 were illegitimate, a rate of 5.4.

## Dental Care

The Local Health Authority is not responsible for the School Medical service and therefore does not employ a Dental Officer.

A full-time Dental Officer is employed by the Peterborough Joint Education Board, which is an independent Authority. Unofficially, and on a purely personal basis, the School Dental Surgeon treats a number of pre-school children at the School Dental Clinic, and during the year under review 30 such children were examined at the Clinic. 26 were found to require treatment and all received the necessary attention.

This unofficial help given by the School Dental Officer, is much appreciated.

During the year the Local Health Authority accepted financial responsibility for the provision of new dentures for two nursing or expectant mothers who had been treated by dentists in private practice.

## Maternity Outfits.

Under the National Health Service Act, 1946, these outfits are supplied free of charge in domiciliary confinements, and can be obtained on application to the Superintendent Nursing Officer, Town Hall, Peterborough.

The number issued in the year 1958 was 464.



## Welfare Foods

The main Welfare Food Distribution Centre is situated at 36, Queen Street, Peterborough (in the City centre) with a branch distribution centre (since closed) in the village of Wansford.

The Women's Voluntary Service continues to give valuable help in transporting welfare foods to the various village clinics and I again express my thanks to them and especially to Mrs. Fowler — whose co-operation in this matter is much appreciated.

## SECTION 23 — Midwives' Service

Twenty-one midwives were practising in the County at the end of the year, viz., seven as domiciliary midwives and 14 in institutions.

The domiciliary midwives are employed by the Local Health Authority. Each provide their own car, for which they receive the usual car allowances.

The number of deliveries attended by the midwives in 1958, and the number of cases in which a doctor was present, is shown in the following Table:—

	<i>Doctor not booked.</i>	<i>Doctor present.</i>	<i>Doctor booked Doctor not present.</i>	<i>Total.</i>	<i>Cases in Institutions.</i>
Midwives employed by the Authority .....	—	42	441	483	—
Midwives employed by Hospital Manage- ment Committee .....	—	—	—	—	1,095
Midwives in Private Practice (including Nursing Homes)	—	—	—	—	14
Totals .....	—	42	441	483	1,109

It will be noted that the County Council midwives attended a total of 483 cases in 1958 (36% of total live and still-births), compared with 475 cases attended in 1957.

## Analgesia

All the midwives employed by the County Council are qualified to administer gas and air analgesia, in accordance with the requirements of the Central Midwives' Board. An apparatus is available for use by every midwife, and analgesia was administered during labour to 377 women (domiciliary confinements). Pethedine is also administered by the midwives in domiciliary practice, 269 such administrations being made in 1958.

## SECTION 24 — Health Visiting

Seven full-time health visitors (including one tuberculosis health visitor) are employed by the Local Health Authority.

The following is a summary of visits paid by the health visitors during the year 1958:—

## (a) Home Visits

Number of children under 5 years of age visited during the year .....									3,999
Visits to expectant mothers	(a)	first visits	317						
	(b)	total visits							317
Children under 1 year of age	(a)	first visits	1,307						
	(b)	total visits							2,911
Children aged 1 and under 2 years .....									1,330
Children aged 2 but under 5 years .....									3,074
Other Cases; total visits .....									3,284
Total number of families or households visited by Health Visitors .....									8,788
Total visits paid to tuberculosis households .....									956

## (b) Clinics

Total number of attendances made by health visitors at local health authority clinic sessions during year .....	786
Total number of attendances made by whole-time health visitors at chest clinic sessions during year .....	247

In addition to the visits enumerated above, a total of 1,847 visits were made when no one could be found at home, or a wrong address had been given, etc. Although these are classified as "fruitless visits," they are time-consuming and trying to the patience.

## SECTION 25 — Home Nursing

The home nursing service continues to run smoothly. Were it not for the service the distress caused by the shortage of accommodation for chronic patients provided (or, not provided) by the Regional Hospital Board, would be even more acute than it is. Our district nurses are constantly looking for people who ought to be in hospital, but, who, owing to the shortage of beds, have to be coped with at home.

In the City of Peterborough home nursing is undertaken by the Florence Nightingale Nursing Association on an agency basis, six whole-time nurses being employed. Two of the nurses have a car for which they receive the appropriate allowances.



In the rural areas of the County three full-time district nurses are employed by the Local Health Authority. Each nurse in the rural area has a catchment area so that the whole County is adequately covered by these nurses, who reside at Barnack, Glinton and Castor.

I append details of the work carried out by the district nurses during the year 1957:—

	<i>No. of Cases.</i>	<i>No. of Visits.</i>
Medical .....	624	23,299
Surgical .....	120	3,443
Infectious diseases .....	0	0
Tuberculosis .....	8	199
Maternal Complications .....	16	209
Others .....	27	307
Totals	795	27,457

This is an increase of over 2,000 visits from 1957.

Out of a total of 795 cases visited by the district nurses during the year 1957, 457 or 57 per cent. were patients who were aged 65 years or over at the time of the first visit.

302 of the 795 patients had more than 24 visits paid to them by the district nurses during the year.

No night service is provided, but evening visits are made by the district nurses where necessary.

## SECTION 26 — Vaccination and Immunisation

In this County vaccination against smallpox and diphtheria immunisation are carried out by general practitioners, the fees for completed record cards being paid by the Local Health Authority.

Vaccination against poliomyelitis was formerly carried out entirely by the Medical Officers of the Local Authority, but during 1958 all the general practitioners in the City (with two exceptions) requested that they should be allowed to vaccinate their own patients — the appropriate fees for records being paid by the Local Authority, a supplementary budget, however, being necessary. Most of the doctors practising in the rural areas preferred to leave poliomyelitis vaccination to the County Health medical staff.

Since November 1958 triple antigen (for immunisation against diphtheria, whooping cough and tetanus) has been made available (free of charge) to general practitioners.

Further information with regard to vaccination and immunisation is given under Section III of this Report (Prevalence of, and Control over, Infectious and Other Diseases).



## SECTION 27 — Ambulance Service

The County Council is responsible under the National Health Service Act, 1946, for arranging the conveyance of sick and injured persons who are unfit to travel by ordinary means of transport, where the necessity arises.

The area covered by the County Ambulance Service is the whole County of the Soke of Peterborough, and certain adjoining areas, e.g., Old Fletton R.D., Norman Cross R.D., Conington Parish (Hunts.), and Crowland District (Holland).

Fifteen full-time ambulance driver/attendants are employed and the service is augmented by the Hospital Car Service (organised by the W.V.S.) and the St. John Ambulance Brigade, Peterborough.

The following is a summary of the work carried out by the Ambulance Service in 1958:—

	<i>Total Patients</i>		<i>Total Miles</i>	
	1957	1958	1957	1958
<b>Directly Provided Service</b>				
Ambulances .....	5,327	6,140	50,290	52,652
Sitting Case vehicles .....	7,245	8,160	64,640	59,401
<b>Supplementary Services</b>				
Hospital Car Service .....	1,050	1,266	52,491	55,878
Totals	13,622	15,566	167,421	167,931

Although 1,944 more patients were carried in 1958 than in 1957, only 500 more miles were travelled by the ambulances.

Radio-telephones were installed in the ambulances early in 1958.

## SECTION 28 — Prevention of Illness, Care and After-Care

### Tuberculosis

The Authority's responsibility is in relation to prevention, care and after-care, treatment of tuberculosis being provided by the Regional Hospital Board.

One full-time Tuberculosis Health Visitor is employed by the County Council. She works in close co-operation with the Chest Physicians of the Regional Hospital Board and, in addition to assisting them at the Chest Clinic, she carries out home nursing of tuberculosis patients; visits contacts to investigate home conditions and to persuade them to attend the Clinic for examination, and carries out Mantoux testing of children etc.

Beds, bedding, open-air shelters and nursing requisites are available for patients being nursed at home.

These patients also receive domestic help if required, and five such patients were assisted during the year.

Free T.T. milk is provided for tuberculosis patients in necessitous cases.

## Other Types of Illness

For the care and after-care of the non-tuberculosis sick, patients discharged from hospitals, etc., any necessary nursing care and attention is provided through the Council's Home Nursing Service.

Nursing equipment and apparatus required by patients being nursed at home, such as wheel-chairs, bed rests, bed pans, mackintosh sheeting etc., is provided by the Local Health Authority.

As with the tuberculous, domestic help is available, and 255 chronic sick persons received domestic help during the year.

## Problem Families

The number of problem families in the area is not large, but like all cities we have a quota of 'hard core' cases.

A monthly Liaison Meeting is held with the Superintendent Nursing Officer, Children's Officer, Moral Welfare Worker, N.S.P.C.C. Inspector, health visitors and others at which the County (or Deputy) Medical Officer is Chairman. At this meeting problem families are discussed and a line of action decided upon in individual cases.

For many years this Authority has done much to prevent the break-up of families by the provision of domestic help in the case of mental and emotional instability on the part of parents, by arranging the admission of young children to a Day Nursery or Nursery School, by advice and help from health visitors, the Moral and Social Welfare Officers, and by help from the W.V.S. etc.

## Health Education

The County Medical Officer, medical members of his staff, and the health visitors give a considerable number of talks and lectures in the course of the year — as do certain lay members, in an endeavour to keep the public 'health conscious'.

I constantly stress that every member of the Health Department staff who has contact with the public is a health educator, and I have no doubt that they recognise their responsibility in this way.

To those engaged in any form of health teaching the first essential is to establish good relations with people — even if sometimes rules and regulations have to go by the board. If the local health department is looked upon as a den of frozen-faced officials, bound together with miles of red tape, the public will not be inclined to read our leaflets, look at our posters, or listen to our lectures.

Every health and welfare department gets many callers enquiring about all manner of problems, some trivial, some serious, some having nothing whatever to do with health or welfare. To the caller, however, the problem is serious, otherwise he would not have taken the trouble to call.



The rule of my department is "If you don't know the answer, find out; don't pass the buck." It spoils good relationships to tell a person to go to Room 99 and leave him to find his own way there.

If a member of the public leaves the office, feeling that he has been sympathetically treated, a great deal has been done to break down the natural prejudice of many people against officialdom. To break this prejudice and establish good relationships is an important step in gaining the ear of the people to health propaganda.

An antagonistic public will be deaf to our health teaching, and probably will use our leaflets for other purposes than those intended.

## SECTION 29 — Domestic Help Service

At the end of the year 39 part-time domestic helps were employed. They are under the supervision and direction of the Home Help Organiser (Mrs. Vinham) and of a part-time Assistant Home Help Organiser (Mrs. Ambrose).

Details of the cases assisted in the year under review are:—

			<i>Percentage</i>
(1) Maternity (including expectant mothers)	.....	109	26%
(2) Tuberculosis	.....	5	1%
(3) Chronic sick including aged and infirm	.....	255	60%
(4) Others	.....	56	13%
	Total	425	100%

As will be seen from the above, 60% of cases are suffering from chronic sickness, and in many of these instances the provision of domestic help saves admission to hospital. Although the cost of the service has been steadily increasing, if viewed from a wider economic angle it is probably the cheapest and most effective form of help that can be provided for certain cases of chronic sickness.

The cost of the service to the Local Authority is at present  $4/3\frac{3}{4}$ d. per hour, and the maximum charge made to the users is  $3/6$ d. per hour.

## SECTION 51—MENTAL HEALTH SERVICE

### Administration:

#### a) Constitution and Meetings of Mental Health Sub-Committee

The Mental Health Sub-Committee of the County Health Committee deal with the functions connected with the care and welfare of mental patients. It consists of eight members of the County Council and three co-opted members, one of whom is a Medical Practitioner. The Sub-Committee meets on the third Tuesday of each month.



**(b) Staff**

The County Medical Officer of Health is Medical Adviser to the Committee. One Social Welfare Officer, who is also Duly Authorised Officer, is engaged upon the Mental Health and Welfare duties for the Health Department. There is one Deputy Duly Authorised Officer who is also Chief Clerk in the Public Health Department. With the Occupation Centre nearing completion the Supervisor was appointed in October of this year, and has already commenced her duties.

**(c) Co-ordination of Regional Hospital Boards, etc.**

Co-ordination with the Sheffield Regional Hospital Board's Medical and lay staffs in the Mental Health sphere has again continued on a high level.

For the third year running, I regret to have to report that no mentally defective children on the waiting list of the East Anglian Hospital Board were admitted to hospital and, as in the past, I have no alternative but to draw attention to the grave concern which I feel for the parents of these grossly handicapped children, particularly when, in these days, parents regard the relief from caring for mental defective children as a matter of urgency. I, and my staff, find it difficult to explain away the many delays in finding accommodation for such children. I am constantly reminded of this problem, and despite many enquiries at Hospital Board level, the usual reply is that no accommodation is available.

Supervision of mental defectives on licence is undertaken on behalf of Hospital Management Committees. Reports are submitted where discharge on licence, or holiday leave, is to be considered.

**(d) Delegation of Duties**

No duties in the Mental Health Service are delegated to Voluntary Associations.

**2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY:****(a) Prevention, Care and After-Care**

The year has again shown an increase in the number of admissions to Mental Hospitals, and also of cases referred to the Psychiatric Clinic, which is held each Wednesday at the local General Hospital. More cases have again been dealt with this year, and the number of patients removed on short term Orders has increased considerably. However, I am pleased to state that in a number of cases where a short term Order was used, the persons were made voluntary patients after the expiry of the time period. The reports by the Medical Superintendent on patients' progress, treatment, etc., and care while in hospital are received by me as County Medical Officer, and have always proved invaluable, and most helpful, particularly when a case is referred back to the hospital after relapse. My staff, and that of the Mental Hospital, have had regular and friendly discussions regarding care and after-care of patients. In this way, much useful work has been done and great help and benefit derived by the patients, as a result of their combined efforts.

## Lunacy and Mental Treatment Acts

All cases arising under the above Acts are dealt with by my staff and wherever possible, with the assistance of the General Practitioners, voluntary missions are arranged. In the case of old people, every effort is made to find alternative accommodation before action under the Lunacy Acts is commenced, with the hope that with regular care and attention, and a balanced diet, their condition can be somewhat relieved. As a result of this, I am pleased to note that there has been a slight reduction in the number of cases of people over 60 years of age who have been admitted to the Mental Hospital.

It is again with great pleasure that I note the reduction in the number of certified cases, and I am sure augurs well for the future working of the proposed Mental Health Bill, and proves to me that with a little effort and co-operation on the part of all concerned, the new legislation will be a success.

Cases dealt with under the Lunacy and Mental Treatment Acts during the year, were as follows:—

### *Lunacy Act, 1890*

Summary Reception Order .....	2	4	6
"Three Day" Order, Section 20 .....	16	40	56
"Fourteen Day" Order, Section 21 .....	—	3	3

### *Mental Treatment Act, 1930*

Voluntary Patients .....	65	54	119
	83	101	184

The age groups of these cases were as follows:—

	<i>Males</i>	<i>Females</i>
16 — 20 .....	6	2
21 — 30 .....	15	18
31 — 40 .....	15	17
41 — 50 .....	17	16
51 — 60 .....	14	18
61 — 70 .....	8	20
70+ .....	8	10

The number of cases in Mental Hospitals under the Lunacy and Mental Treatment Acts on 31st December, 1958, was as follows:—

<i>Name of Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Bracebridge Heath Hospital .....	1	10	11
Cambridge (Fulbourn Hospital) .....	1	1	2
Derby Borough (Kingsway Hospital) .....	—	1	1
Leicester County (Carlton Hayes) .....	1	1	2
Leicester City (The Towers Hospital) .....	—	3	3
Leavesden Hospital, Abbots Langley .....	1	—	1
Nottingham City (Mapperley Hospital) .....	—	1	1
Rauceby Hospital .....	73	82	155
	77	99	176



## Mental Deficiency Acts, 1913-38

### Ascertainment

All my departmental staff of the County Council dealing with pre-school children are aware of the method of referral of any retarded child to me as County Medical Officer for investigation. I am also the Principal School Medical Officer to the Peterborough Joint Education Board and thus, all school children are brought to my notice and, where necessary, referred to the Local Health Authority. In this way no child is missed. Doubtful and difficult cases of mental defect are referred to the Consultant Child Psychiatrist for the area, to whom, once again, I proffer my most grateful thanks for his helpful reports.

All defectives under Statutory Supervision, on licence, and under Guardianship, are visited by my staff and advice is given to parents and relatives, where necessary.

At the request of Local Health Authorities and Hospital Management Committees, visits are paid to homes when Statutory reconsideration of Orders, applications for leave of absence or licence are being considered. In addition, I have made routine visits of inspection and examined the patients in their homes.

### Training of Mental Defectives

I am more than pleased to report that 1958 has seen the fruition of one of my earliest hopes, i.e., the provision of an Occupation Centre in Peterborough for the mentally handicapped.

The building was handed over to the Local Health Authority on the 19th November, 1958, on schedule, and the work of furnishing and equipping has been going ahead steadily. It is hoped that the first class will be held there on the 7th January, 1959. This building which has accommodation for at least 40 mental defectives, is something of which the citizens of Peterborough can be justly proud. The staff has been appointed and consists of one supervisor, one assistant supervisor, one assistant, and two junior trainees.

The classes which have been held in the Town Hall will cease at the end of the present term and the children attending there will be transferred to the new Centre. Whilst some of the older girls will probably not attend regularly, it is hoped that classes will be formed at a later date, which will cater for their particular needs.



On the 31st December, 1958, the following mental defectives were in hospitals on Licence, under Guardianship, and Statutory Supervision:—

<i>Hospitals</i>	<i>Males</i>	<i>Females</i>	<i>Totals</i>
St. John's Hospital, Peterborough .....	15	—	15
Stoke Park Colony, Nr. Bristol .....	6	5	11
Riversfield Home, St. Neots .....	1	—	1
Bradwell Grove Hospital, Nr. Burford .....	1	—	1
Little Plumstead Hospital, Nr. Norwich .....	22	22	44
Great Barr Colony, Nr. Birmingham .....	1	—	1
Bourne Institution, Bourne, Lincs. ....	—	1	1
Lisieux Hall, Nr. Chorley .....	1	—	1
Rampton State Institution .....	1	1	2
Risbridge Home, Haverhill .....	3	1	4
Royal Eastern Counties Hospital, Colchester .....	—	1	1
	51	31	82

Mental Defectives on Licence .....	3	1	4
Mental Defectives under Guardianship .....	1	—	1
Mental Defectives under Statutory Supervision .....	37	35	72
Mental Defectives awaiting admission to hospitals .....	7	2	9
Cases Ascertained during the year .....	6	4	10

### Accommodation Waiting List

Once again the waiting list showed no improvement over the previous year and there is a number of desperately urgent cases for whom the Regional Hospital Board is still unable to provide beds. None of these cases is on the waiting list because of poor home circumstances.

During the year six defectives were admitted to Little Plumstead Hospital for short term care, in accordance with Ministry of Health Circular 5/52.

### Ambulance Service

The Ambulance Service is available for the conveyance of patients to Mental Hospitals and Mental Defective Institutions, and their most helpful cooperation in all cases has been appreciated.

The arrangement with the Hospital Management Committee, whereby trained nurses are available to accompany patients continues to work satisfactorily.

## NATIONAL ASSISTANCE ACT, 1948

### WELFARE SERVICES

The Schemes for the provision of Welfare Services under Sections 29 and 30 for Handicapped Persons were set out in full in my Report for 1958.

#### Blind

The County Council employs one full-time Home Teacher for the Blind (Miss D. E. Elkington). There is also a voluntary welfare committee.

The number of registered blind persons in the County at 31st December 1958 was 133, their sexes and ages being as follows:—

Age Group				Males	Females	Total
11 — 15	.....	.....	.....	—	1	1
16 — 20	.....	.....	.....	2	1	3
21 — 30	.....	.....	.....	2	1	3
31 — 39	.....	.....	.....	1	3	4
40 — 49	.....	.....	.....	3	1	4
50 — 59	.....	.....	.....	10	3	13
60 — 64	.....	.....	.....	2	4	6
65 — 69	.....	.....	.....	9	6	15
70 — 79	.....	.....	.....	14	26	40
80 — 84	.....	.....	.....	9	9	18
85 — 89	.....	.....	.....	8	10	18
90 plus	.....	.....	.....	2	6	8
				62	71	133

The following Table gives particulars of the 33 blind and partially sighted (P/S) cases certified on Form B.D. 8 in the County during 1958.

	Causes of Disability							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	P/S	Blind	Blind	P/S	Blind	P/S	Blind	P/S
(i) No. of cases registered during the year in respect of which para. 7 (c) of Form B.D.8 recommends								
(a) No treatment .....	2	—	3	—	—	—	4	—
(b) Treatment, medical surgical or optical	3	6	1	1	—	—	1	—
(ii) No. of cases at (i) (b) above which, on follow up action, have received treatment .....	2	3	—	—	—	—	1	—

## Deaf and Dumb

The Northamptonshire and Rutland Mission to the Deaf continues to give most valuable assistance — on an agency basis — to the welfare of the deaf and dumb in the County.

The Soke of Peterborough County Council makes a grant of £100 a year to this Society, which is registered under the National Assistance Act, 1948.

In the thirtieth annual report for the year ending September 30th, 1958 the following remarks are made about Peterborough:

“We have a centre for the Deaf at Peterborough, but it has to be run in a completely different way from our normal system. Our people there are too far away to take part in things at Northampton, except on odd occasions, and they are too few in number to organise things on their own. Fortunately for us, Peterborough is a very good centre for the Deaf of the lower Lincs. and upper Cambridge and Huntingdon area, and these deaf people combine with the Peterborough Deaf to make the Peterborough Centre a going concern.”

“In order that there shall not be complications between the three Missions concerned, someone has to be in charge at Peterborough who is acceptable to all, and Mr. Stanley G. Gascoine, our Hon. Welfare Officer, fits into the job beautifully, with his wife ably helping him as Lady Worker. In thanking them for their service, I very readily admit that without them I do not think the Peterborough Centre could go on at all.”

## Part III Accommodation

In this area the Local Health Authority is responsible for the welfare services, the County Medical Officer being the Chief Welfare Officer.

Admissions to Part III accommodation are arranged under my direction, applications being investigated either by myself or the Social Welfare Officer, who is also a Duly Authorised Officer.



## SECTION III

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

### 1. Infectious Diseases

732 cases of infectious disease were notified to the District Medical Office compared with 2,064 in 1957; 284 in 1956; 1,872 in 1955, and 300 in 1954.

380 cases of measles were notified, compared with 1,804 cases in previous year.

It is disturbing to note that 33 cases of food poisoning were notified.

Eight cases of poliomyelitis were notified, five of these being paralytic.

The following Table shows the number of cases of each disease notified the various sanitary districts:—

			<i>Peterboro'</i> <i>M.B.</i>	<i>Peterboro'</i> <i>R.D.</i>	<i>Barnack</i> <i>R.D.</i>	<i>Total</i>
Scarlet Fever	.....	.....	7	1	6	14
Whooping Cough	.....	.....	174	17	10	201
Measles	.....	.....	251	65	64	380
Pneumonia	.....	.....	40	3	6	49
Erysipelas	.....	.....	1	—	1	2
Puerperal Pyrexia	.....	.....	8	1	—	9
Food Poisoning	.....	.....	32	1	—	33
Tuberculosis: Respiratory	.....	.....	25	—	2	27
Other	.....	.....	5	—	—	5
Dysentery	.....	.....	2	—	1	3
Poliomyelitis: Paralytic	.....	.....	5	—	—	5
Non-Paralytic			2	1	—	3
Meningococcal Infection	.....	.....	1	—	—	1
Total			553	89	90	732

## Vaccination and Immunisation

### Diphtheria Immunisation

The following Table shows the number of children at 31st December, 1958, who had completed a course of immunisation against diphtheria at any time before that date, i.e., at any time since 1st January, 1944:—

Age on 31.12.58 <i>Under 1</i> (i.e. born in year): 1958	1—4 1954-57	5—9 1949—53	10—14 1944—48	<i>Under 15</i> <i>Total</i>
No. of children whose last course (primary or booster) was completed in the period 1954—1958 ..... 215	2,864	2,183	231	5,493
No. of children whose last course (primary or booster) was completed in the period 1953 or earlier ..... —	—	2,692	3,083	5,775
Estimated mid-year child population 1,200	4,400	10,600		16,200
Immunity Index 100 A/C ..... 10.7	65.0	77.2		69.5

### Vaccination against Smallpox

The following Table shows the number of vaccinations and re-vaccinations carried out under the approved scheme since 1950.

Age at date of vaccination	<i>Under 1</i> <i>Re-</i> <i>Prim. Vac.</i>	1—4 <i>Re-</i> <i>P. Vac.</i>	5—14 <i>Re-</i> <i>P. Vac.</i>	15 or over <i>Re-</i> <i>P. Vac.</i>	<i>Total</i> <i>Re-</i> <i>P. Vac.</i>
1950 ..... ..	131 —	142 8	50 15	51 103	374 126
1951 ..... ..	266 8	31 5	28 14	66 76	391 103
1952 ..... ..	290 —	38 —	19 7	52 86	399 93
1953 ..... ..	256 —	41 —	19 9	41 73	357 82
1954 ..... ..	373 —	43 —	15 8	43 77	474 85
1955 ..... ..	308 4	45 3	14 6	29 46	396 59
1956 ..... ..	339 9	33 4	16 2	36 47	424 62
1957 ..... ..	459 8	40 —	59 6	74 97	674 120
1958 ..... ..	465 —	108 7	34 11	46 79	653 97

## Poliomyelitis Vaccination

During the year the Ministry of Health extended the scheme for poliomyelitis vaccination to cover young persons between the ages of 15 and 25 years and also to give a third or 'booster' injection to all those who had received two injections seven months or more previously.

Prior to 1958 practically all poliomyelitis vaccinations had been carried out by the medical staff of the County Health Department, but during the year most of the doctors practising in the area requested that they should be allowed to vaccinate their own patients.

The County Health Department medical staff still carry out a considerable number of vaccinations, especially in the rural areas of the County, and registrations are made through my Office.

In 1958 a total of 8,679 (including 153 young persons) received two injections, and 1,369 received 'booster' doses. On December 31st a further 1,000 had received one injection only, and 417 applicants were awaiting vaccination.

## 3. Tuberculosis

### Notifications

During 1958, 27 new cases of respiratory and five of non-respiratory tuberculosis were notified. This is the smallest number of new notifications since 1948, being four less than in 1957.

Particulars of the new cases notified, in age periods, are as follows:—

Age Periods.	Respiratory.		Non-respiratory.		Total
	M.	F.	M.	F.	
0	—	—	1	—	1
1	—	—	—	—	—
2	—	1	—	—	—
5	1	—	—	—	1
10	—	—	—	—	—
15	—	1	—	—	—
20	1	1	—	—	1
25	5	2	1	1	6
35	7	—	—	—	7
45	3	—	—	—	3
55	3	—	1	1	4
65	2	—	—	—	2
Totals	22	5	3	2	25

The number of new notifications is the lowest since 1939.

The incidence of notifications of respiratory tuberculosis per 1,000 of population is 0.39, compared with 0.42 in 1957; 0.52 in 1956; 0.50 in 1955; and 1.2 in 1954.

### Deaths

Five deaths were attributable to respiratory tuberculosis in the County in 1958 (four males and one female). This gives a death rate of 0.07 per 1,000 of the population, compared with a rate of 0.02 in 1957; 0.07 in 1956; and 0.05 in 1955.



Two deaths are attributable to non-respiratory tuberculosis, compared with one in 1957.

Deaths from respiratory tuberculosis (England and Wales) have fallen to 1,000 a year. Ten years ago (1948) the figure was 19,088, and sixty years ago 15,000 people were dying every year from some form of tuberculosis.

However, as I pointed out in my Report for last year, although tuberculosis is being cured it is not being eliminated. Cases of tuberculosis (all forms) in clinic registers at the end of 1957 totalled 351,768 — **an increase** of 556 on the previous year.

In recent years there has been a preponderance of tuberculosis among elderly males. Among the notifications of respiratory tuberculosis during 1957 there were 17,562 males, of whom 7,856 were over 45.

In 1958, eight of the 22 males notified in this County were over 45.

Half of the deaths from respiratory tuberculosis in England and Wales in 1958 occurred in males over 55.

We cannot afford to be complacent while the fact remains that seven in every thousand of the population of England and Wales suffer from tuberculosis, and the number of new notifications each week continues to be high.

I append a Table in relation to respiratory tuberculosis showing the number of notifications and deaths in the County during the last 20 years, and the incidence of deaths to new notifications:—

<i>Year</i>	<i>New Notifications</i>	<i>Deaths</i>	<i>Percentage of Deaths to Notifications</i>
1939	24	24	100.0
1940	25	8	32.0
1941	31	18	58.0
1942	43	22	51.1
1943	42	21	50.0
1944	43	11	25.8
1945	46	20	43.4
1946	43	23	53.4
1947	58	15	25.8
1948	28	19	67.8
1949	42	10	23.8
1950	73	10	13.7
1951	58	14	24.3
1952	84	9	10.7
1953	53	4	7.5
1954	77	5	6.5
1955	33	10	30.3
1956	35	5	14.3
1957	29	2	6.9
1958	27	5	18.5

## Residential Accommodation

Admissions to Sanatoria are arranged by the East Anglian Regional Hospital Board, patients being usually admitted within a few days their names being submitted to the "Bed-finding Bureau."

During the year a total of 34 patients from the Soke of Peterborough were admitted to Sanatoria, viz, 26 men, six women, and two children compared with a total of 44 in 1957. At the beginning of the year 23 patients were already in Sanatoria, so that a total of 57 patients received in-patient treatment in 1958.

At the end of the year 18 patients from the Soke of Peterborough were in Sanatoria, and no patients were awaiting admission.

## Prevention of Tuberculosis

The Consultant Chest Physician (Dr. G. B. Royce) submits quarterly reports to the County Health Committee on prevention of tuberculosis and occasionally attends the Meetings of the County Health Committee.

A summary of Dr. Royce's reports shows that a total of 1,140 contacts were examined at the Chest Clinic during the year ended December 31, 1958, compared with 1,289 in the previous year. 198 of these contacts were new, compared with 224 last year.

## B.C.G. Vaccination

B.C.G. vaccinations are carried out at the Chest Clinic, and during 1958 a total of 93 B.C.G. vaccinations were undertaken, compared with 100 in 1957.

## 4. Venereal Diseases

The one Venereal Disease Clinic in the area is situated at the outpatient Department of the Peterborough Memorial Hospital.

The East Anglian Regional Hospital Board is responsible for the clinical work and administration. The Consultant Venereologist in charge of the Centre is Dr. N. A. Ross, and clinics are held as follows:

*MALES*—Mondays and Wednesdays, 5.30—7 p.m.

*FEMALES*—Thursdays, 5.30—7 p.m.

Tuesdays, 10.30—12 noon

170 patients attended the Clinic for the first time during the year 1958, compared with 173 in 1957; 195 in 1956; 176 in 1955; and 177 in 1954.

These were classified as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis .....	5	7	12
Gonorrhoea .....	19	17	36
Chancroid .....	3	—	3
Non-gonococcal urethritis .....	34	—	34
Other conditions requiring treatment .....	18	15	33
Conditions not requiring treatment .....	32	12	44
Undiagnosed conditions .....	5	3	8
	<hr/> 116	<hr/> 54	<hr/> 170

These patients came from the following areas:—

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
Soke of Peterborough .....	7	24	104
Huntingdonshire .....	1	2	14
Isle of Ely .....	2	3	12
Kesteven .....	1	6	19
Northamptonshire .....	—	1	2
Other Areas .....	1	—	2
Totals:	<hr/> 12	<hr/> 36	<hr/> 122

A total of 46 patients were under treatment or observation on January 1958, and 33 patients remained under treatment or observation on ember 31st.

Details of attendances made by patients are as follows:—

<i>Attendances</i>		<i>Total</i>	<i>Males</i>	<i>Females</i>
At which patients	Syphilis .....	989	586	403
saw Physician	Gonorrhoea .....	445	217	228
	Other conditions .....	940	738	202
	Totals	<hr/> 2,374	<hr/> 1,541	<hr/> 833

In 1957 a total of 2,175 attendances was made.



## SECTION IV

## INSPECTION AND SUPERVISION OF FOOD

## Food and Drugs Act, 1955

I have to thank Mr. J. J. Cole, the County Inspector of Foods and Drugs for the following report on the work carried out in the year 1958.

During the year eighty-three samples of foodstuffs and drugs were taken for analysis and ten for bacteriological examination. All were satisfactory with the exception of two milks, two sausages and canned meats generally.

The articles sampled and analysed consisted of the following:—

Beef Dripping, Beef Suet, Black Pudding, Casserole Steak, Condensed Milk, Corned Beef, Cream (3), Faggot, Fish Paste, Glace Cherries, Hard Ice Cream (4), Luncheon Meat (2), Margarine (4), Meat Paste (4), Milk (25), Minced Meat Loaf, Meat Pie, Mixed Fruit, Oxtail Soup, Parsley Sauce, Pepper, Pilchards, Pork Luncheon Meat (3), Pork Roll, Potted Salmon, Salad Cream, Sardines, Sausages (4), Soft Drinks (4), Steak and Kidney (2), Stewed Steak (3), Tinned Fish (2), Vinegar.

Ice Cream (4), bacteriologically examined.

Milk (6), bacteriologically examined.

Except otherwise stated, only one sample was taken.

*MILK.* The milks were excellent with the exception of two samples which contained only 8.21 per cent. and 8.36 per cent. milk solids not fat respectively. The analyst reported that the two milks fell within the range for genuine milk and that it was most probably that the deficiencies were due to natural causes and not to added water.

Subsequent samples were taken from the whole herd and it was confirmed that the milk was sold as it came from the cows without any additional subtraction.

*PORK SAUSAGES.* Four samples were taken and two were below the adopted standard of the Society of Public Analysts, which is 65.0 per cent. for pork sausages.

The actual meat content of one was 49.7 per cent. This result was noted to the trader, another sample, taken later, contained 70.0 per cent. meat. The second faulty sample was 3.6 per cent. below standard. The trader was duly notified and asked to increase the proportion of meat.

*CANNED MEATS.* The County Council and the County Public Analyst  
very concerned about the deterioration that has taken place in recent years  
the meat content of many imported canned meat products. I give underneath  
percentages of meat found on analysis in three of these products:—

<i>Pork Luncheon Meat</i>	<i>Stewed Steak</i>	<i>Corned Beef Loaf</i>
70.5 %	81.5 %	81.4 %
71.7 %		
64.5 %		
66.4 %		

J. J. COLE,  
*County Inspector of Food and Drugs*

